

**Commonwealth of Virginia**  
**Department of Rehabilitative Services**

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**EXPENSES**

**Applicant:** \_\_\_\_\_

**Proposed Budget Dates:** \_\_\_\_\_ **through** \_\_\_\_\_

Budget	1	2	3	4	5
	Prior Year Actual	Current Year * Estimated	Proposed Budget	Unallowable	Revised Budget
<b>EXPENSES (7000–9999)</b>					
<b>Employee Compensation &amp; Related Expenses - 7000</b>					
7001 - Salaries					
7002 - Employee Fringe Benefits and Employer's Share of Taxes					
<b>TOTAL PERSONNEL EXPENSES - 7000</b>					
<b>Professional Fees - 8000</b>					
8001 - Medical & Dental Fees					
8002 - Psychological Fees					
8003 - Legal Fees					
8004 - Rehabilitation & Education Fees					
8005 - Audit, Accounting, & Bookkeeping Fees					
8006 - Other Purchased Services					
<b>TOTAL PROFESSIONAL FEES - 8000</b>					
<b>Supplies - 8100</b>					
8101 - Educational & Vocational Training					
8102 - Food & Beverages					
8103 - Laundry, Linen & Housekeeping					
8104 - Office					
8105 - Buildings & Grounds Maintenance					
8106 - Raw Materials & Manufacturing					
8107 - Recreational & Craft					
8108 - Other Supplies					
<b>TOTAL SUPPLIES - 8100</b>					
<b>Communications - 8200</b>					
8201 - Telephone & Telegraph					
8202 - Postage & Shipping					
<b>TOTAL COMMUNICATIONS - 8200</b>					

\*Actual expenses for the completed portion of the year-to-date plus estimated expenses for the remainder of the year.